

Lumbar Laminectomy/Decompression

Pre-Operative:

At your preoperative visit we will discuss whether you are a candidate for a minimally invasive tubular procedure or the more traditional open laminectomy procedure. Both procedures have similar outcomes and long term results. We will also discuss the levels of tightness and evaluate your imaging and exam findings at length to ensure we are adequately addressing your concerns.

Further instructions will be provided during the preoperative appointment.

Surgery:

A laminectomy surgery typically takes about 1-3 hours, but can take longer if multiple levels are addressed. If multiple levels are addressed, you will wake up with a surgical drain to limit how much blood collects around your spine. Some patients are able to go home the same day as surgery. Otherwise, you can anticipate spending 1-2 night in the hospital.

If you stay overnight in the hospital, on the first post-operative day, you will be assessed by a physical therapist and an occupational therapist, and usually stand and walk. Prior to discharge, you will be independent in walking, getting in and out of bed, and going to the bathroom. If you have stairs to climb at home the therapist will practice this with you in the hospital prior to discharge.

Post-Operative:

The bandage that you go home with should be kept on for 2 weeks. It is ok to shower as long as your bandage remains clean and dry. If it gets wet or saturated it may require changing. Please give us a call if this occurs.

Most patients use post-operative pain medication only for several days. If you are finding that your pain is still significant following one week, you should let us know. Many patients find it helpful to use Tylenol and/or Ibuprofen or Aleve at any point following surgery, provided there is no other medical reason that you should be avoiding these medications. You may drive, walk, and return to normal sedentary activities as soon as you are comfortable. Typically, this is within a few days.

Please refrain from any lifting more than 10 lbs, bending, twisting, or high-impact activities for the first six weeks.

I ask that you refrain from any repetitive impact activity such as using a lawnmower (ride or push), boats, motorcycle, skid steer, or any other activity that can produce repeated jarring motions for 3-4 months after surgery.

Follow Up Schedule:

You will be given a follow-up appointment for two weeks following surgery. At this visit we will evaluate your incision and make sure it is healing appropriately.

Your second post operative visit will be at 6-8 weeks. At this appointment, activity restrictions will be liberalized. Return to full activity is expected between 8 and 16 weeks post-operatively, depending on the level of desired activity and the findings in surgery.

Constipation:

- To prevent constipation, you should take the Colace 1 tablet twice a day (stool softener) until you have regular bowel movements, then can take once a day.
- You may also take over-the-counter Sennakot 1-2 tablets twice a day (gentle laxative)
- Take these medications until you have regular daily bowel movements, then decrease to once a day.
- You should hold these medications if you experience loose stool or diarrhea. It is also best to stay well hydrated to avoid constipation.

Smoking, Vaping, E-Cigarettes:

Failure of fusion is as high as 65% in smokers and nicotine users. Therefore, spine patients should not smoke or use nicotine for 6 months after surgery. This is your time to quit.

Do not smoke, as this interferes with bone healing. Smoking can also increase your risk of wound healing complications and infection. If you cannot quit – please refrain from smoking 1-2 months before and 6 months after your surgery.

CALL IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Pain that is continually increasing or not relieved by pain medicine
- Any new weakness, numbness, tingling in your extremities
- Any signs of infection at the wound site: redness, swelling, tenderness, drainage
- Fever greater than or equal to 101° F
- Any change in your bowel or bladder function including inability to urinate or bowel or bladder accidents.
- New tenderness in your calf, redness or discoloration of the leg, new shortness of breath, coughing up blood, or chest pain. These may be signs of a blood clot.

Report to the local Emergency Department with chest pain, shortness of breath, difficulty breathing, or any other acute events.

You may not drive while taking pain medications and/or muscle relaxants.

Driving will be discussed at your first post operative appointment. Do not drive until cleared by your physician.